

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AA	70591	10/15
O.I.P.E. CLASSIFIER		21	01/9/00
FORMALITY REVIEW	H-S	JC866	11-15-00
RESPONSE FORMALITY REVIEW	RM	281	04-12-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	6 2 03
1	✓
2	✓
3	✓
4	N
5	✓
6	✓
7	✓
8	✓
9	✓
10	N
11	✓
12	✓
13	N
14	N
15	N
16	N
17	N
18	N
19	N
20	N
21	N
22	✓
23	✓
24	✓
25	✓
26	✓
27	✓
28	✓
29	✓
30	✓
31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	N
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	6 2 03
51	✓
52	✓
53	✓
54	✓
55	N
56	✓
57	✓
58	✓
59	✓
60	✓
61	✓
62	✓
63	✓
64	✓
65	✓
66	✓
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86	✓
87	✓
88	✓
89	✓
90	✓
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92	✓
93	✓
94	✓
95	✓
96	✓
97	✓
98	✓
99	✓
100	✓

Claim	Date
Final Original	6 2 03
101	✓
102	✓
103	✓
104	✓
105	✓
106	✓
107	✓
108	✓
109	✓
110	✓
111	✓
112	✓
113	✓
114	✓
115	✓
116	✓
117	✓
118	✓
119	✓
120	✓
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123	✓
124	✓
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126	✓
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130	✓
131	✓
132	✓
133	✓
134	✓
135	✓
136	✓
137	✓
138	✓
139	✓
140	✓
141	✓
142	✓
143	✓
144	✓
145	✓
146	✓
147	✓
148	✓
149	✓
150	✓

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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